HEPCARE EUROPE

BLOCKS AND ENABLERS TO HEPATITIS C VIRUS SCREENING AND TREATMENT – A PRISONER'S PERSPECTIVE

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6th International Symposium on 6 – 8 September 2017 Hepatitis Care in Substance Users New York, United States

HCV Epidemiology

- Global general populations (1%-3% =115 m) (chronic infection= 80m)
- People who inject Drugs (PWID)(65%= > 10 m)
- HCV prevalence general prison populations 24%,↑65% with IDU
- Missing, incomplete and poor data from many jurisdictions
- Most HCV infected PWID and prisoners unaware of HCV status
- Emerging trends – younger age group of PWID related to the opioid prescription epidemic in the USA and HIV+ MSM

Prison – A Unique Setting

Complex nexus between HCV/criminalisation of drug use/criminal activity to support habit /incarceration

Daily global prison population = 10.3m, annual turnover = 30m

In the USA 30% of all HCV infected persons are incarcerated annually

Prisoners and prisons are not homogenous

Mostly short sentences (months)

Complex ethical and human rights issues

Multiple risk factors/ liberalising of screening and treatment guidelines

HCV Epidemiology - Ireland

General population prevalence (<1% =20,000- 40,000)

Notifications 14,107 (2016) (60% not yet diagnosed)

IDU most common risk factor (80%)

Daily prison population = 3674, annual turnover =14,182

43% male prisoners report a HX of IDU ↑60% in females

1999 study showed HCV prevalence of 27% ↑81% with HX of IDU

National screening guidelines = screen all prisoners /poor uptake and implementation

Research Project

Prison component of European HEPCARE "Seek and Treat" project

Location: Mountjoy Prison Complex (Dublin) (male= 650, female= 105)

Aim: To understand the blocks and enablers to HCV screening and treatment in Irish prisons, to inform how best to maximise HCV screening in Irish prisons

Methodology: 11 focus groups (prisoners, clinical and operational staff and management)

Reporting on the prisoner component of this study: male x3(n=38), female x1 (n=14)

Findings

Blocks

Patient: lack of knowledge, fear of HCV treatment and liver biopsy, poor motivation to engage with health services, concerns around confidentiality and stigma

Systemic: poor and inconsistent access to prison health services, delays in having screens and receiving results, confidentiality and the requirement to go to hospital

Findings

Enablers

- access to health care
- in-reach hepatology services
- in-reach fibroscanning
- peer support
- stability of prison life

Conclusions

Blocks and enablers to HCV screening and treatment can and have been identified from a prisoner perspective

These blocks can be removed (many have) and recognised enablers can be implemented, including opt-out screening, use of DPS, POC testing, peer support and education and different models of in-reach hepatology services.

Conclusions

Requires resourcing ,commitment and the prioritisation of prisons in national HCV public health strategies

Linking of community and prison health services (particular in the immediate post-release phase) is essential to maximise gains from these initiatives

HCV infection is now a treatable, curable and preventable disease and incarceration provides and ideal opportunity to access one of the most marginalised and socially excluded populations carrying a disproportionate amount of the HCV disease burden